

SCHOOL HEALTH SERVICE

# ANNUAL REPORT

SOMERSET COUNTY COUNCIL

1970



SOMERSET COUNTY COUNCIL

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THE COUNTY EDUCATION COMMITTEE

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# **Annual Report**

**OF THE**

## **PRINCIPAL SCHOOL MEDICAL OFFICER**

FOR THE YEAR 1970

A. PARRY JONES,

M.B., B.Ch., D.P.H.

Principal School Medical Officer.

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Russaid hearing aid in use—see page 7  
of this Report.

**TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE  
OF THE SOMERSET COUNTY COUNCIL**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1970 which, as usual, includes a general survey with statistical details of the work performed during the year.

A new German Measles vaccine became available in 1970 and during the first stage of its introduction a campaign was mounted in conjunction with general practitioners to vaccinate 13 year old girls. The response was most disappointing and by the end of the year only 51 vaccinations had been given. I hope that this sorry state of affairs will be quickly remedied by using the County Council computer to call girls for vaccination to their general practitioners' surgeries. Fortunately our existing computer files include children born after 1st January, 1958, and so the scheme commenced on a County wide basis on the 1st January, 1971.

I commented last year on the rise in the numbers of children found with infested hair. Slightly more inspections were carried out in 1970 but the numbers found to be infested fell to 330. The present day effectiveness of the treatments in common use has come under suspicion and this point is being closely watched.

I should like to thank all our many Education colleagues for their courteous help in our mutual affairs.

Finally, I would pay tribute to Dr. J. Beasley for the help he has given me in compiling this Report.

**A. PARRY JONES,**  
Principal School Medical Officer.

County Hall,  
Taunton.

April, 1971.

## SCHOOL HEALTH SERVICE STAFF

### *Principal School Medical Officer*

A. PARRY JONES, M.B., B.Ch., D.P.H.

### *Deputy Principal School Medical Officer*

J. BEASLEY, M.B., B.S., D.P.H.

### *Divisional Medical Officers*

P. P. FOX, M.B., Ch.B., D.P.H. (Yeovil)

D. McGOWAN, M.B., Ch.B., D.P.H. (Weston-super-Mare)

H. MORRISON, M.B., Ch.B., D.P.H. (Taunton)

R. H. WATSON, M.B., Ch.B., B.A.O., D.P.H. (Bridgwater)

### *Senior Assistant County Medical Officer*

W. MARGARET BOND, M.B., B.S., D.C.H., D.Obst.R.C.O.G.

### *School Medical Officers*

PAMELA M. ANDERSON, M.R.C.S., L.R.C.P.

AVICE M. ATKINSON, M.B., Ch.B., D.Obst.R.C.O.G. (from 1st August, 1970)

AMY M. BAIRD, L.R.C.P., L.R.C.S., D.P.H. (part-time) (resigned 30th June, 1970)

VALERIE N. BAKER, M.B., Ch.B., D.R.C.O.G., D.P.H.

D. E. CLARE, M.B., B.S., D.P.H.

BEATRICE I. DENNIS, M.B., B.S.

EVELYN S. ELLIOTT, M.B., B.S., D.R.C.O.G.

BARBARA E. HANSON, M.B., B.S., L.R.C.P., M.R.C.S. (part-time) (from 1st September, 1970)

A. M. McCALL, M.R.C.S., L.R.C.P., D.P.H.

N. NEWMAN, M.B., B.Ch., D.P.H.

OLWEN K. OCKELFORD, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.C.H. (part-time) (resigned 22nd February, 1970)

MARGARET PARDOE, M.B., Ch.B., D.C.H. (part-time) (from 1st April, 1970)

CHRISTINE M. ROOKE, M.B., B.S. (retired 17th January, 1970)

MARGARET I. ROSS, M.B., Ch.B., D.P.H.

HILDA M. SCHOFIELD, M.B., Ch.B. (part-time)

MARJORIE L. STEWART, M.B., Ch.B., D.P.H.

MARION T. THOMSON, M.B., Ch.B., D.P.H.

BARBARA A. WALLACE, M.B., Ch.B., D.C.H., D.P.H.

### *School Ophthalmologists*

J. R. S. BARTON, F.R.C.S., D.O.	)	By arrangement
R. L. N. STEWART, M.B., Ch.B., D.O.	)	with the Regional
A. E. WILSON, M.R.C.S., L.R.C.P., D.O.M.S.	)	Hospital Board

### *Principal School Dental Officer*

QUENTIN DAVIES, L.D.S., R.C.S.(Eng.)

### *County Orthodontist*

N. M. POULTER, L.D.S., D.D.O., R.F.P.S.(Glas.)

### *Senior Dental Officers*

Mrs. A. C. CARTER, L.D.S., R.C.S.(Eng.), B.D.S.(U.Brist.)

H. C. GREEN, L.D.S.(V.U.Manc.)

Mrs. B. C. HARGREAVES, B.D.S.(U.Brist.)

R. V. JONES, B.D.S.(U.Edin.)

D. B. WELLS, L.D.S.(U.Birm.)

### *School Dental Officers*

C. E. AMOS, B.D.S.(U.Brist.)

Miss C. J. ANGUS, B.Ch.D.

R. V. BISHOP, L.D.S., R.C.S.(Eng.) (from 18th May, 1970)

B. W. BOND, B.D.S.(U.Lond.)

Mrs. C. BRODIE, B.D.S.(U.Dubl.)

R. F. DIRKIN, L.D.S.(U.Durh.)

P. A. DUNCAN, B.D.S.(U.Edin.) (from 1st September, 1970)

H. R. HARVEY-MOFFATT, L.D.S., R.C.S.(Eng.) (from 1st June, 1970)



D. T. HUMPHRIS, L.D.S., R.C.S.(Eng.) (resigned 2nd August, 1970)  
F. C. R. LEWIS, L.D.S.(U.L'pool)  
Miss E. M. McRAITH, L.D.S., R.C.S.(Eng.)  
C. C. SCOONES, L.D.S.(U.Sheff.)  
L. E. SCULL, L.D.S.(U.Brist.)  
T. R. STONE, L.D.S.(U.Brist.) (from 16th February, 1970)  
C. H. THOMAS, B.D.S.(U.Brist.)  
Mrs. G. M. WALKER, L.D.S.(V.U.Manc.)

**Child Guidance Team**

A. H. BAKKER, M.B., D.P.M. (part-time Consultant Psychiatrist) )  
M. F. BETHELL, M.D., D.P.M. (part-time Consultant Psychiatrist) )  
Mrs. M. CARTER, M.R.C.S., L.R.C.P., D.P.M. (part-time Consultant Psychiatrist) ) By arrangement  
E. G. OSTLER, M.B., B.S., D.P.M. (part-time Consultant Psychiatrist) ) with the Regional  
Miss S. PULLEN, A.A.Ps.W. (Head Psychiatric Social Worker) ) Hospital Board  
Mrs. F. BODMAN, A.A.Ps.W. (part-time Senior Psychiatric Social Worker)  
Miss S. M. GRINDLEY, C.S.W. (Social Worker) (resigned 31st August, 1970)  
Miss J. W. HASLER (part-time Senior Psychiatric Social Worker) (from 4th November, 1970)  
Mrs. G. SESSIONS HODGE, A.A.Ps.W. (part-time Psychiatric Social Worker) (retired 15th  
January, 1970)  
Miss M. J. WILSON, B.A., A.A.Ps.W. (Senior Psychiatric Social Worker)  
Mrs. M. R. WINCHESTER, A.A.Ps.W. (part-time Psychiatric Social Worker) (from 7th  
January, 1970)  
Miss K. E. J. WRIGHT, B.Sc.(Econ.), C.S.W. (Social Worker)  
W. ROBERTSON, M.A., M.Ed., F.B.Ps.S. (Senior Educational Psychologist) )  
Miss K. BLYTHEN, B.A., A.B.Ps.S. (Educational Psychologist) )  
Miss M. R. GREY, B.A., A.B.Ps.S. (Educational Psychologist) )  
L. P. JORDAN, B.A., B.Mus., Dip.Ed.Psy. (Educational Psychologist) ) Education Staff  
D. LAWRENCE, B.A., A.B.Ps.S. (Educational Psychologist) )  
P. W. MAYHEW, B.A., A.B.Ps.S., D.C.P., L.R.A.M. (Educational Psychologist) (resigned 31st March, 1970) )

**Speech Therapists**

Miss D. E. M. LEDAMUN, L.C.S.T., A.L.A.M. (Senior Speech Therapist)  
Miss C. P. BAILWARD, L.C.S.T. (from 23rd November, 1970)  
Mrs. M. L. CHRISTIE, L.C.S.T.  
Miss W. E. COOKE, F.C.S.T., A.R.A.M., M.R.S.T. (part-time)  
Mrs. G. HEPWORTH, L.C.S.T. (part-time)  
Miss C. E. HOPE, L.C.S.T.  
Mrs. M. H. JONES, L.C.S.T. (part-time)  
Miss K. E. LLOYD, L.C.S.T.  
Mrs. J. M. MARTIN, L.C.S.T. (part-time)  
Mrs. M. R. RAWSTORNE, L.C.S.T. (part-time)  
Mrs. V. C. STEPHENSON, L.C.S.T. (part-time)  
Mrs. V. M. TUCKER, L.C.S.T. (part-time)  
Mrs. J. WALLIS, L.C.S.T. (part-time) (from 10th September, 1970)

**Visiting Orthopaedic Surgeons**

R. A. J. BAILY, F.R.C.S. )  
P. BLISS, F.R.C.S. )  
A. F. BURTON, F.R.C.S. ) By arrangement  
D. DUNKERLEY, F.R.C.S. (from 18th November, 1970) ) with the Regional  
J. R. KIRKUP, F.R.C.S. ) Hospital Board  
H. ROBERTS, F.R.C.S. (from 14th July, 1970) )  
P. M. YEOMAN, M.D., F.R.C.S. )

*Teachers of the Partially Hearing*

P. T. CLEARY (Senior Teacher)  
J. H. FOSSEY  
Mrs. C. HIGBY (from 14th April, 1970)  
P. P. VREESWIJK

**ADMINISTRATION**

There has been a further considerable increase in the number of pupils at maintained schools in the county. Administrative arrangements have remained unchanged during the year.

**COURSES AND CONFERENCES**

Officers attended Courses as follows:—

Developmental Paediatrics, Bristol	Dr. M. Pardoe
Developmental Assessment, Bristol	Dr. M. Pardoe
	Dr. H. M. Schofield
The Diagnosis and Treatment of Deafness in Children, London	Dr. M. I. Ross
National Association for Mental Health Inter Clinic Conference, London	Miss M. J. Wilson
Speech Therapy National Conference, Manchester	Miss D. Ledamun
Speech Therapy Course, Torquay	Miss K. E. Lloyd
Reynell Developmental Language Scales Course, London	Miss D. Ledamun
Dental Refresher Course, Oxford	Mr. C. E. Amos
	Mrs. B. C. Hargreaves
Dental Post Graduate Study Course on Preventive Dentistry, London	Mr. F. C. R. Lewis
	Mr. L. E. Scull
	Mr. C. H. Thomas

**SCHOOL POPULATION**

The number of pupils on the registers of maintained schools in the area of the Authority in January of each of the previous ten years is as follows:—

1961	71,071
1962	71,671
1963	72,006
1964	74,471
1965	75,817
1966	77,337
1967	79,380
1968	82,275
1969	85,918
1970	89,089

SCHOOLS AND SCHOOL CHILDREN

Type of School			Number of schools in January, 1971	Number of children on register — January, 1971
Nursery	—		2	90
Primary	—	First	6	244
	—	Infants only	61	10,747
	—	Infants and Juniors	261	32,701
	—	Juniors only	48	13,358
Secondary	—	Middle	1	180
	—	Modern	37	17,200
	—	Technical	1	189
	—	Grammar	15	6,821
	—	Comprehensive	12	10,580
Special	—	Educationally sub-normal	6	677
			450	92,787

SCHOOL CLINICS

A complete list of the various school clinics held throughout the County is given on pages 28 and 29 of this Report.

I. INSPECTION AND TREATMENT

MEDICAL INSPECTION

During the year the number of children examined at routine medical inspection was as follows (figures for 1969 are given in brackets):

School entrants	6,881	(7,234)
Intermediate age-groups	7,506	(6,429)
School leavers	869	(1,408)

Each child is comprehensively examined after school entry and again in the junior or middle school. More examinations of school leavers are being conducted on 'selective' lines.

Pure-tone audiometry and vision testing is routine at school entry.

Details of periodic medical inspections carried out during the year are given in the Table on page 21.

During the year School Medical Officers also carried out:

1. Special examinations at the request of the parent, teacher or school nurse	1,934
2. Re-examinations of children found at previous inspections to have a defect which needed to be kept under observation	6,149

Ninety-eight schools were not visited for school medical inspections in 1970.

School Medical Examinations by Family Doctors

During the year, eight family doctors working at the Frome Health Centre began to visit the schools in the vicinity to examine their own schoolchild patients. Five thousand three hundred pupils are now included in this very satisfactory scheme. There are some administrative problems because schools may be visited by more than one doctor but this is more than offset by the advantages of direct collaboration between family doctors and teachers.

GENERAL CONDITION OF CHILDREN INSPECTED

The school doctors clinically assessed 15 (0.09 per cent) children out of 15,256 children examined at periodic medical inspections to be of unsatisfactory physical condition. This shows a decrease from last year when the number was 44 (0.29 per cent). The national figure for nearly two million children examined in 1965 was 0.38 per cent.

DEFECTS FOUND AT MEDICAL INSPECTIONS

The Table on page 22 gives details of the defects (excluding dental disease and infestation with vermin) found at periodic medical inspections during the year for each group examined and at special inspections.

By far the commonest defects found were those related to the special senses, namely abnormalities of the ear, nose and throat (143 per 1,000 children examined); eyes (128 per 1,000 children examined).

The Table shows that the number of defects in children found to require treatment was 3,930, of whom 957 required treatment for defective vision.

CLEANLINESS OF SCHOOL CHILDREN

Since 1962 school nurses have carried out cleanliness inspections on a selective basis at the request of Headmasters/mistresses.

During 1970, 37,233 children were inspected and 330 found to be infested. This is in comparison with 31,696 children inspected and 471 found to be infested in the previous year.



## COLLEGE OF EDUCATION STUDENTS AND TEACHERS

Local education authorities are required to carry out the medical examination of prospective students of Colleges of Education resident in their areas and also of teachers new to the profession who have not already passed a medical examination.

During 1970, the School Medical Officers examined 583 students and 47 teachers. A chest x-ray was arranged for those teachers who had not had a recent x-ray.

## MINOR AILMENTS

Minor ailment sessions were held at various clinics throughout the year (see page 28). In general, treatments were confined to simple medicaments, and pupils requiring further attention were referred to their general practitioners and the hospital services.

## AUDIOLOGY SERVICE

The following report has been submitted by Mr. P. T. Cleary, Senior Teacher of the Partially Hearing:—

'In April we were pleased to welcome Mrs. Higby whose appointment brought us up to full strength. The work continues with very little change from previous years, although, with the continuing training of health visitors in routine screening of infants, much relief in this area has been felt. There has been an increase in the demand for our services from general practitioners due, in part, I feel to the attachment system now in operation with health visitors.

Close co-operation with Hospital Assessment Clinics continues, and, in the Taunton area at least, we look forward to getting some relief from the routine screening tests with the development of a new audiology clinic and the appointment of an additional audiometrician.

As always, we have received maximum co-operation from schools, our nursing colleagues and from the administrative services, without whose help our work would be impossible.

Two children in the County have been provided with new equipment in the form of a Russaid, which is a portable transmitter and receiver (on the lines of the police personal radios). The instruments facilitate very direct and efficient communication between teachers and partially hearing pupils (see frontispiece photograph). A number of children have also been provided with commercial hearing aids suited to their particular needs.'

## Statistics

Number of children screen tested	9,181
Number referred to School Medical Officers for investigation as a result	652
Assessment—number of children tested at request of School Medical Officer, Schools, etc.	640
Risk register referrals	140
Number of school age children receiving regular attention	82
Pre-school children receiving regular attention	27

## Hearing Assessment Clinics

Teams, comprising an Otologist, School Doctor, and Travelling Teacher of the Partially Hearing, and, on occasions, other hospital and/or local authority staff concerned, meet regularly at Bath, Taunton and Weston-super-Mare to discuss problems relating to individual cases.

## Hearing Aids

Children of school age provided with hearing aids —in 1970	23
—in previous years	77

During 1970, fourteen commercial hearing aids were provided by the Committee to children of all ages, on the recommendation of Otologists.



## PAEDIATRIC SERVICES

The close liaison existing between the School Health Service and the Paediatric Departments of the local hospitals was maintained, and the arrangements whereby the Education Authority provided teachers and materials for the education of children in hospital continued throughout the year.

## CONVALESCENCE

On medical recommendation eight children enjoyed convalescent holidays in Devon at Heathercombe Brake, Manaton, during 1970.

## SCHOOL OPHTHALMIC SERVICE

During the year, the Ophthalmic Consultants examined 2,134 school children (2,535 attendances) prescribing glasses for 755. In addition 123 pre-school children were examined, chiefly for squint. Information has been received that 789 pairs of glasses (or lenses to new prescriptions) have been provided. Included in this figure are 140 pairs prescribed prior to 1970.

In Somerset, vision tests are performed at school entry, at 6, 7 and 8 years of age, and then once more in the primary schools at or immediately prior to the 'intermediate' routine school medical inspection at ten years of age. Further tests are carried out at the age of 12 and at 14 before the child leaves school. Children who stay at school after 15 years of age are tested again at 16 and at 18.

Colour vision is tested in conjunction with the intermediate routine school inspection.

## SPEECH THERAPY

Details of the Speech Therapy Service are given in the Tables at the end of this Report.

Miss D. Ledamun has supplied the following report:-

'During 1970 our vacant post was filled and this eased the clinical situation at Taunton and Bridgwater. This brings our establishment up to full complement but there is, however, no room for complacency. The number of children requiring treatment is steadily rising and all therapists have more work than it is possible to deal with at one time. We look forward to the expansion of our establishment to the equivalent of nine therapists in the next financial year.

During the year talks were given in a number of areas to Health Visitors and District Nurses, who showed great interest in our work.

In September, I was fortunate to be able to attend the 5th National Conference of Speech Therapists held in Manchester, where considerable emphasis was placed upon the speech therapist's work in the field of language disorders. From experience, I know that there are still many people (even within allied disciplines) who are under the impression that our work is to correct articulation alone, when, in fact, a large proportion of it is concerned with language disorders, defective articulation often being one of the symptoms.'

## ORTHOPAEDIC SERVICE

During 1970, 609 new cases were seen at the clinics, of whom 366 were children of school age. The total number of attendances made was 4,785, and the number of children seen and examined by the surgeons was 2,362. This figure includes the new cases.

The number of patients discharged from orthopaedic clinics during the year was 679, of whom 484 were children of school age.

## CHILD GUIDANCE SERVICE

The work undertaken by the Child Guidance Service in Somerset during 1970 is set out in tabular form at the end of the Report.

During 1970 Child Guidance Clinics have been held at nine centres in the County attended by four Consultant Psychiatrists.

Dr. M. F. Bethell and Dr. A. H. Bakker comment:-

'South West Somerset

The Child Guidance Service has settled into the new premises at The Mount, Taunton, where there is now a very attractive central clinic, and for the first time the team has been able to get together in the same building. The larger consulting rooms have enabled us to use toys and play therapy to a much greater degree than before.

Miss Wilson, psychiatric social worker, has had a most successful group for children during the holidays and has had regular meetings for mothers.

Our links with the Paediatric Department at Musgrove Park Hospital, Taunton, remain strong. We have regular combined child guidance/paediatric clinics, and, in Bridgwater, quarterly reviews of cases in which the School Medical Officer is actively involved. Many emotional problems present with physical symptoms and it is very useful to have the opinions of colleagues on the significance of the component parts of the problems presented by our patients. We see patients in the Paediatric Ward and sometimes admit children in acute emotional crises.

A child psychiatry clinic continues to be held fortnightly at Minehead Hospital. This clinic covers a wide and scattered area including Exmoor and the Brendon Hills, and presents its own particular emotional, social and behaviour problems. There is a steady demand for appointments. Cases are referred from the School Service but the majority from the local general practitioners with whom there is close liaison.

We are looking forward to working closely with the new Social Services Department, as we have always done with the Children's Department and the Mental Welfare Officers.'

Dr. Mary Carter reports:-

'North West Somerset

We continue to hold twelve Clinics per month at Weston-super-Mare, and I am grateful that we still have the same team members. Numbers of referrals continue to be a problem both from the point of view of available personnel and available space. We have welcomed the help of Dr. B. Irene Dennis, not only in assisting with preliminary physical examinations for some of the patients, but also in assisting in Play Therapy. Time and space for more therapy sessions are one of our greatest needs.

At Glastonbury it is possible to do little more than two sessions a month. Unfortunately there is no room suitable for the acting-out types of therapy, and, as the rooms are all shared with the General Practitioners, our times at the Clinic are limited by their requirements. Nevertheless, thanks to the organisation and co-operation of the Psychiatric Social Worker and the Psychologist, a lot of work has been done at this Clinic, including psycho-therapy on a verbal level. We were sorry to say good-bye to Peter Mayhew.

There is a growing co-operation between the Child Guidance Service, the Training Centres and the Yatton Hall Children's Unit of Farleigh Hospital. This is likely to increase further in the future.

We also have a growing contact with the schools. Thanks to Mr. Lawrence, Head Teachers are feeling freer to telephone or visit the Clinics. And Psychiatric Social Workers and the Psychiatrist, as well as the Psychologist are meeting the teachers in the schools, although not as often as could be wished.'

Dr. E. G. Ostler reports:-

'North East Somerset

We were sorry to lose our Social Worker, Miss Grindley, who moved in September to work with the Welfare Services of North Devon, and we have been very grateful to Miss Hasler, who has been working part-time for us since then in the Keynsham area until we could fill our full-time Social Worker vacancy. We feel that the full team of Psychiatrist, Social Worker and Psychologist is essential if we are to give the best help to our clients, and it has been particularly difficult to help some of the young adolescents we have had referred whilst we have not had a Social Worker to work with their parents.

Towards the end of the Autumn term we arranged a morning meeting with teachers from most of the primary schools which have a child attending Child Guidance Clinic. This proved very worthwhile, both to ourselves and to the teachers, and we are arranging a similar meeting for secondary school teachers in the near future.'





Interior of a mobile dental clinic—see page 11.



Glastonbury Dental Clinic—also see page 11.



## SCHOOL DENTAL SERVICE

The Principal School Dental Officer reports:-

### 'Staff Situation

The year started with our establishment being short of two dental officers, but I am very pleased to report that we were able to make appointments to fill these vacancies and that from September to the end of the year we had a full complement.

Dental Auxiliaries have been difficult to recruit—we have authority to appoint three but have had a maximum of two at any time, and ended the year with one. The source of supply is one Training School in London, and the maximum output there is less than 60 per annum while the demand for them is probably three times that number. Efforts are being made to create more Training Schools, but until the number qualifying each year is greatly increased we have to continue to try to attract recruits by all the usual methods.

### Building Programme

During the year one more mobile dental clinic was added to those already in use, making a total of eleven. These mobile dental clinics have proved themselves to be of very great value and now form an indispensable part of our dental service. They are used mainly in the rural areas and sometimes in an urban area with a fixed clinic where travelling from school to clinic involves a journey across a town with its possible traffic dangers.

The mobile dental clinic provides the most modern types of surgery equipment. The photograph (see page 10) shows the interior of No. 11 and in this will be seen the latest semi-reclining type of dental chair (in which the patient relaxes much more comfortably!). To the right of the chair is an apparatus which provides an air turbine drill (very high speed), a compressed air driven drill (conventional lower speeds) and a multi-purpose water-and-air spray. These items are driven by compressed air generated by a compressor concealed in the locker on the tow-bar. To the left of the chair are the spittoon, the operating light, the X-ray apparatus and an aspirator. The surgery has fluorescent lighting, air conditioning by electric extractor fan and heating by electric fan heater or calor gas convector heater. The walls are fitted with space-saving cupboards and drawers (all under spring locking devices for travelling).

The other photograph (page 10) shows a dental surgery at Glastonbury Dental Clinic (opened last year) with similar types of equipment in more spacious surroundings. In this case a grammar school girl is receiving careful attention from one of our dental officers.

These photographs indicate the way in which other surgeries built in the last few years have had the most modern equipment fitted, and show to what standards the older clinics are being modernised under the scheme approved several years ago for the replacement of obsolescent equipment.

### The Dental Laboratory

Owing to the shortage of dental technicians it was not possible to fill the one vacancy until November. In the meantime, a considerable amount of work required from the laboratory by our dental officers had to be sent out to be done by commercial laboratories. At the same time the total output of work done by the remaining technicians showed an increase when compared with previous years.

The arrangement with the Regional Hospital Board whereby an additional dental technician will work in our laboratory to do the work required by their hospital dental officers, and on a 'shared overheads' basis, was referred to in the annual report for 1969. Similar difficulties in finding a suitable applicant were experienced, but an appointment was made at the end of the year.

These appointments will ease the very great pressure on the present laboratory staff and it is expected that they will in due course result in a substantially less amount of work having to be sent out to commercial laboratories.

### Dental Health Education

The time devoted to dental health education showed a small increase during the year—the equivalent of 180 sessions, compared with 170 sessions in 1969 and 142 in 1968.

One of the problems in trying to get parents and children to understand the seriousness of the situation is that it is only too easy to repeat the advice to a point where it is ignored. Like other injunctions against indulgence in harmful habits, such as in anti-smoking drives and road safety campaigns, our campaign runs the risk of losing its power to alarm because of the repetition of the same old messages and slogans.

New posters, leaflets and films appear from time to time and full use is made of these, together with some leaflets for children to colour (these are printed at County Hall). Nevertheless, the message to parents and children is still the same:-

Sweets and chocolate should not be eaten between meals

Eat apples, celery, nuts, potato crisps instead

Seek dental treatment regularly

Teeth should be brushed daily—especially on going to bed (and no milk or biscuits afterwards!)

The figures in the statistical Table on page 25 indicate the need for a considerable improvement in the dental health of our children—for example, it can be said that of those requiring treatment every group of 10 children needed between them about 29 fillings and 7 extractions during the year.

The campaign must continue and methods by which greater impact can be made must be explored.

As I shall be retiring from my appointment in 1971, may I end this report, my 22nd, on a personal note by expressing my appreciation of the help and guidance I have received over the years from the Chairman and members, and from Dr. Davidson and Dr. Parry Jones, and my sincere thanks to all members of the dental staff for their loyal support.'

The County Orthodontist reports:-

'The year 1970 showed no falling off in the demand for orthodontic treatment and the number of cases treated by appliance therapy remained at a high level.

I mentioned in my 1969 report the advisability of those of our dental officers who are interested in orthodontics and who undertake the treatment of a limited number of cases, of receiving lectures—also of a limited number!—on orthodontic diagnosis and treatment. I am pleased to say that, during the year, a collection of demonstration cases has been formed consisting of case-notes supported by models and in the majority of cases by slides, catalogued in such a way that any points to be discussed can be immediately pinpointed and studied. It is therefore hoped to commence those demonstrations and lectures to various officers during 1971. It is suggested that the number of officers attending each lecture should be small—possibly no larger than six at any one time—so that discussion can be free and all aspects of each case explored in depth.

Again I am pleased to say that co-operation with the Consultants and Staff in the Special Care Unit at Musgrove Park Hospital, Taunton, has been excellent. During the year only two cases of cleft lip and palate were seen, a very considerable decrease on 1969, and of these two only one required pre-surgical orthopaedic care. This case, however, was a bilateral cleft of the lip and the primary, secondary and soft palates which did require very considerable treatment by both feeding and active plates. I am pleased to say that, following five months intensive pre-operative orthopaedic treatment, the lip operation will be carried out by Mr. Bodenham in Frenchay Hospital. It is a privilege and honour to be able to treat such cases and I am most grateful for the opportunity offered to me.

In addition, I have to report that all those babies who have been treated by me since this scheme was inaugurated in 1967 are regularly inspected once every six months and the continuity of treatment and consequent co-operation with the various departments involved, such as future hospital treatment and the commencement of speech therapy as well as dental treatment, has proved beneficial to all.

On the same subject, I mentioned in 1969 the treatment of a young lady of fourteen years of age by rapid expansion prior to the insertion of a bone graft by Mr. Bodenham. I am pleased to say that this treatment was brought to a successful conclusion during the year by the insertion of a partial denture.

During the year the laboratory has been working under the difficulty of shortage of staff and it is pleasing to note that we now have been able to appoint a further technician. Although fairly satisfactory service has been received during the year from the various commercial laboratories used, the experience of the past year has shown that the benefits of being able to talk to and to instruct technicians personally regarding the exact requirements of each type of appliance, does result in a more satisfactory service being given to the patient.

I should not conclude this report without mentioning the fact that I have been pleased to meet, on a number of occasions, the recently appointed Consultant Orthodontist, Mr. Brenchley, who visits Musgrove Park Hospital for a limited number of sessions each month. I look forward to extending the friendly co-operation which already exists between us during the ensuing year.

Lastly, may I pay my tribute to the Chief Dental Officer for his help during the past twelve months, to the Laboratory staff for continuing to make the many types of orthodontic appliances to such a high standard of workmanship and to my Dental Surgery Assistant for her constant help in 1970. Despite the fact that I say this each year, nevertheless it is well merited and sincerely meant.'



## II. INFECTIOUS DISEASES AND IMMUNISATION

### INFECTIOUS DISEASES

There were no serious outbreaks of infectious disease during 1970. No cases of poliomyelitis, diphtheria or typhoid were reported amongst school children. There were, however, 2,614 cases of measles. The inclusion of measles vaccination in the county computer call-up arrangements should reduce this total in future years.

#### Sonné Dysentery in school children on holiday abroad

A party of 40 children from Gordano Comprehensive School, Portishead, travelled to Bavaria in August. Six days after their arrival, all but one of them became ill with fever, diarrhoea and vomiting. None of them was seriously ill. A similar party of children from Crewe who were staying at the same hotel were affected at the same time. The organism which caused sonn  dysentery was isolated from a number of the children after their return to England. There was no further spread of the disease.

This outbreak is another example of an infectious illness contracted while holiday-making abroad. The unusually high attack rate—78 out of 80 persons at risk became ill within 48 hours of the first case—suggests a food or water-borne source. In retrospect, it was not possible to investigate the circumstances in Bavaria.

### VACCINATION AND IMMUNISATION

During the year 500 children, who had not been immunised before reaching school age, received primary diphtheria immunisation, and a further 5,455 children were given reinforcing injections. Similarly, 714 children received primary courses of tetanus vaccination and 6,755 reinforcing tetanus injections were given. The majority of the foregoing diphtheria and tetanus injections were carried out with a combined vaccine.

Primary poliomyelitis vaccination was completed by 826 school entrants, who had not been protected in infancy, and 5,919 children had their immunity against poliomyelitis reinforced by a single dose of vaccine.

Three hundred and twenty-five school-age children received primary smallpox vaccination and a further 2,478 were re-vaccinated.

The arrangements mentioned in previous reports, whereby use is made of a computer to enable children to be called up automatically to doctors' surgeries to receive their vaccinations and immunisations as they become due, have continued to work satisfactorily through the year. Children registered with the last of the general practitioners outside the scheme are currently being brought into it.

#### Rubella Vaccination

In July a letter was received from the Department of Health stating that, from September 1970 onward, vaccination against Rubella (German Measles) would be a scheduled treatment for all girls aged 11-13 inclusive. During the first stage of its introduction priority was to be given to older girls, i.e. those aged thirteen.

Accordingly a supply of vaccine was acquired, all general practitioners were notified and a publicity campaign was mounted, but the initial response was disappointing. By the end of 1970 only 51 vaccinations had been given.

As from 1st January, 1971, the computer scheme was extended to invite girls to the general practitioners' vaccination sessions for rubella vaccination.

#### Measles Vaccination

The number of measles vaccinations given during the year was 10,455. This was an artificially large increase over the number of vaccinations given in 1969 (approximately 3,500) due to a shortage of vaccine in the summer of that year.

#### Tuberculosis

During 1970 one child of primary school age was notified as a case of non-infectious pulmonary tuberculosis, and one as non-pulmonary tuberculosis.

The mass radiography service holds regular sessions at Bridgwater, Frome, Glastonbury, High-bridge, Keynsham, Nailsea, Radstock, Street, Taunton, Wellington, Wells, Weston-super-Mare and Yeovil. Teachers and non-teaching staffs are encouraged to attend for an annual x-ray, but it is not now considered desirable to offer mass miniature radiography to children of school age as a routine measure.

Some 189 male and 1,402 female members of schools staff attended for mass radiography in 1970.

B.C.G. Vaccination

As B.C.G. vaccination during the Spring and Summer Terms often clashes with other immunological procedures, especially those given before going on overseas tours, it was decided to carry out the scheme this year in the Autumn Term. An offer of B.C.G. vaccination for children born in the year 1957 was made in June. The offer was again made to the parents through the kind co-operation of the Heads of maintained and private schools in Somerset where children of thirteen years of age were in attendance.

The results of the scheme were:-

B.C.G. VACCINATION IN 1970

	Born 1957 (or earlier)									
Estimated number of children eligible	..	..	..	..	..	..	..	..	..	8,300
Number of consents received	..	..	..	..	..	..	..	..	..	7,400
Estimated percentage of acceptances	..	..	..	..	..	..	..	..	..	89%
Number of children whose tuberculin tests were read with 'positive II, III or IV' results	..									503
										† with 'negative' or 'positive I' results
										6,044
Percentage of 'positive II, III, or IV' results	..	..	..	..	..	..	..	..	..	7.7%
Percentage of 'negative' or 'positive I' results	..	..	..	..	..	..	..	..	..	92.3%
Number of children to whom B.C.G. given	..	..	..	..	..	..	..	..	..	5,966
Number of children left county, * absent, or postponed because of other inoculations	..									651
Number of children with 'negative' or 'positive I' results but not given B.C.G.	..	..	..							73
Number of children * absent for reading of tuberculin test	..	..	..	..	..	..	..	..	..	202

The children whose tuberculin tests gave a firmly 'positive' reading were referred to Chest Clinics or to Mass Radiography Units for investigation with the following results:-

	Born 1957 (or earlier)									
Nil abnormal discovered	..	..	..	..	..	..	..	..	..	282
Healed primary lesions only	..	..	..	..	..	..	..	..	..	1
Did not attend	..	..	..	..	..	..	..	..	..	43
Pulmonary tuberculosis discovered	..	..	..	..	..	..	..	..	..	0
										<u>326</u>

(177 children were not referred to Chest Clinics as the 'positive' reading was the result of previous B.C.G. vaccination).

† Children whose tuberculin test gave a 'positive I' result were given B.C.G. vaccination.  
\* Children absent are given a second opportunity in the following year.

### III. HANDICAPPED PUPILS

#### RESPONSIBILITY FOR THE EDUCATION OF MENTALLY HANDICAPPED CHILDREN

In September, the Education (Handicapped Children) Act, 1970 and Department of Education and Science Circular 15/70 were received. From April 1st, 1971, the junior training centres developed by the County Health Committee will be transferred to the administrative control of the Education Committee. At the same time, Section 57 of the Education Act, 1944, will cease to exist so that no child will be regarded as being unsuitable for education in the future.

In Somerset, the County Education Committee will have the advantage of six well-organised schools for the mentally handicapped at Yeovil, Taunton, Bridgwater, Weston-super-Mare, Radstock and Glastonbury, together with a boarding hostel attached to the school at Yeovil. Sixty-eight per cent of the teachers in these schools are already qualified as against a national average of 40 per cent.

#### BLIND

Twenty-three at Special Schools: no waiting list.

Children of school age are educated by methods which do not involve the use of sight. Children are placed at Ysygol Penybont, Bridgend; Royal Normal College, Shrewsbury; Worcester College, Worcester; and Chorleywood College, Hertfordshire. The younger children are usually admitted to the Sunshine Home at Southerndown, Glamorgan.

#### PARTIALLY SIGHTED

Seventeen at Special Schools: two on waiting list.

Children who cannot follow the usual methods of teaching in an ordinary school, without detriment to their sight, or to their educational development, but who are capable of being educated by special methods involving the use of sight, are generally placed at the West of England School for Partially Sighted Children, Exeter, Devon.

#### DEAF

Twenty-nine at Special Schools: two on waiting list.

The majority of deaf children are placed at the Royal School for the Deaf, Exeter. Pre-school age children are placed in the Nursery Unit of this school.

#### PARTIALLY HEARING

Twenty-four at Special Schools: two on waiting list.

A number of partially hearing children attend schools or units in Bath or Bristol.

The majority of children with hearing defects remain at home and receive education in local schools, being supervised by the Travelling Teachers of the Partially Hearing, who advise on special teaching techniques and provide individual tuition. Some others are placed at the Royal School for the Deaf, Exeter, where they receive education on a boarding school pattern.

#### EDUCATIONALLY SUBNORMAL

Seven hundred and four at Special Schools: fifteen boarders and one hundred and fifty-one day pupils on waiting list.

Our sixth Special School for educationally subnormal pupils opened at Nailsea, in January, 1970, and the assessment class at Westhaven School, Weston-super-Mare, in September.

A very large waiting list has developed in the north-east of the County where there is also an urgent need for an assessment class. It is hoped that preparations for another special school for the education of subnormal pupils in that area will proceed as quickly as possible. An Assessment Class is also required in Yeovil.



The provision now is as follows:-

#### **Elmwood School, Bridgwater**

A day special school for 100 pupils, plus an assessment class for 10 children in 5–8 year age range;

#### **Fairmead School, Yeovil**

A day special school for 120 pupils;

#### **Fosseway School, Radstock**

Has a boarding hostel for 40 girls and provides in addition for 100 mixed day pupils;

#### **Monkton Priors School, Taunton**

Has a full boarding hostel for 30 boys and places for 90 mixed day pupils, plus an assessment class for 10 children in the 5–8 year age range;

#### **Ravenswood School, Nailsea**

A day special school for 100 pupils, plus an assessment class for 10 children in the 5–8 year age range;

#### **Westhaven School, Weston-super-Mare**

Has a weekly boarding hostel for 40 boys and in addition has places for 60 mixed day pupils. Assessment class for 10 children.

Formal ascertainment under Section 34 of the Education Act, 1944, is reserved for children where parental agreement for admission to an E.S.N. school is withheld. Normally, admissions are arranged on the basis of informal, educational, medical, social and psychometric assessments.

Somerset pupils are also placed at special schools maintained by other authorities: for example, some pupils requiring special education as day pupils attend special schools in Bath and Bristol. Some requiring boarding education go to residential special schools maintained by the Bristol and Devon Local Authorities.

#### **Social Work in Special Schools**

Mental Welfare Officers continue to provide a much appreciated service for each of the schools for the educationally subnormal. They provide support and guidance to the pupils and their families which is often continued after the children have left school.

#### **EPILEPTICS**

Five at Special Schools: one on waiting list.

It is essential to place some pupils at Special Schools because of resistance to anticonvulsant drugs, etc., which make it impossible to educate them under the normal routine of ordinary schools without detriment to themselves and other pupils. Lingfield Hospital School, Lingfield, Surrey, and St. Elizabeth's, Much Hadham, Hertfordshire, are mainly used.

#### **MALADJUSTED**

Seventy-eight at Special Schools: eighteen others in Residential Homes and attending ordinary schools. Twelve on waiting list.

Some severely 'disturbed' children are accommodated at the Merrifield Unit and School for Psychotic Children at Tone Vale Hospital, Norton Fitzwarren. Children are admitted from neighbouring Authorities as well as from Somerset.

#### **PHYSICALLY HANDICAPPED**

Sixty-eight at Special Schools: fifteen on waiting list.

Continued use is being made of the Princess Margaret School, Taunton, an establishment opened in 1966 by Dr. Barnardo's Homes for the admission of physically handicapped children.

The Spastics Society Assessment Panel is frequently consulted and suitable placements are often suggested by this Society. Children with a good average intelligence continue to be placed at the Dame Hannah Rogers School, Ivybridge, Devon. Physically handicapped pupils, including orthopaedic, heart, spastic and other conditions, are catered for in a variety of schools dealing with special handicaps such as those maintained by Dr. Barnardo's Homes, the Shaftesbury Society and the Spastics Society.

#### SPEECH DEFECTS

Seven at Special Schools: no waiting list.

Children with severe speech defects, who require residential placement, attend Moor House School, Hurst Green, Oxted, Surrey, or the John Horniman School, Worthing, Sussex.

#### DELICATE

Five at Special Schools: twenty-three others in Residential Homes and attending ordinary schools: two on waiting list.

Continued use is made of the Heathercombe Brake Trust Homes and the Devonport Houses in Devon, although asthmatic children are removed from their homes less frequently nowadays due to the advance in methods of treatment.

#### HOME TUITION

Under Section 56 of the Education Act, 1944, the Local Education Authority is able to provide education at home for any child who for one reason or another is unable to follow a normal school curriculum.

Periods of tuition have been provided for eleven children during the year.

#### TRANSPORT OF SCHOOL CHILDREN ON MEDICAL GROUNDS

Transport to school is provided by the County Education Committee for any children who are certified by the Principal School Medical Officer as being physically unfit to walk to school, irrespective of the distance involved. These cases are regarded as 're-examinations' and are examined by the School Medical Officer on each occasion a medical inspection is carried out at the school, and/or immediately prior to the termination of the period for which transport was recommended.

At 31st December, 1970, 110 children were being conveyed to school on medical grounds, a decrease of 34 compared with the number who were being conveyed at a similar date in the previous year.



#### IV. SCHOOL HYGIENE

##### SANITARY CONDITIONS IN SCHOOLS

Progress continues to be made in connection with the programme of sanitary improvements at primary schools, and, as will be seen from the Table below, 157 schools may well have been dealt with by the end of the 1970/71 programme at an estimated cost of £290,000. This is £74,000 less than the amount (£364,000) which was forecast in 1966 to be required for the 361 schools in urgent need of sanitary improvements. As previously mentioned, this figure has been pruned subsequently for various reasons, and the latest estimate is that some 90 schools are still to be dealt with. If this is the case, then the £74,000 will be totally inadequate to deal with this number of schools and a more realistic figure, based on the work already carried out or in progress and allowing for price increases, would be £200,000.

Sum Allocated  £	No. of Schools Involved	Progress
A. 1967/68 PROGRAMME 40,000	29	CONTRACTS: 1 to 4 all work completed.
B. 1968/69 PROGRAMME 100,000	54	CONTRACTS 5 to 12 and 14. Work completed.
C. 1969/70 PROGRAMME 50,000	27	CONTRACTS: 13, 15, 16 and 17.
D. 1970/71 PROGRAMME 100,000	47	CONTRACTS: 18 and 19—work in hand. 20—tenders awaited. 21—tenders received. 22, 23 and 24—drawings completed and specifications in course of preparation. Part of Contract 27B.
E. 1971/72 PROGRAMME Not known	Possibly 28	CONTRACTS. Probably 25 to 29 and part of 34 but progress depends on funds available.

##### MILK IN SCHOOLS SCHEME

Details of milk samples taken from schools and other establishments during 1970 are set out in the following Table:-

	Pasteurised		Untreated		Total
	Satis.	Unsatis.	Satis.	Unsatis.	
"Milk in Schools" Scheme	111	2	1	1	115
Central Kitchens and other County Council Establishments	75	5	5	—	85
TOTALS	186	7	6	1	200

SCHOOL SWIMMING POOLS

An increasing number of school swimming pools are being covered and the water heated. The water temperatures involved, often over 80°F. (27°C.), with consequent heavier bathing loads, result in the necessity for a much higher rate of filtration and chlorination.

Some older swimming pools have experienced trouble from cloudy water conditions after the installation of water heating equipment, requiring the replacement of the filter plant for one with a more rapid turnover. Higher running costs for these pools are generally acceptable due to increased use but a strict control of water treatment is necessary.

Swimming pools have, in the past, been covered using a greenhouse type of enclosure made from aluminium alloy framing and flat glass fibre sheets. These enclosures give increased water temperatures above that of a similar open air pool because of the solar heating effect from the cover. Electrical heating has made necessary a new approach using a cover designed to contain the heat in the water. This is a more conventional building with insulated walls and roof. The swimming pool is then usable for most of the year if changing rooms are incorporated in the design. Air heating in the building is necessary in colder weather for the comfort of bathers and to reduce condensation damage of the fabric of the building.

Tests have continued in the use of chlorinated cyanurate as a chlorine donor. In a tableted or sachet form this chemical dissolves slowly, giving a gradual feed of chlorine into the water, similar in performance to a mechanical chlorinator. There are now forty schools using this method of chlorination and in doing so have shown some reduction in plant maintenance costs due to the virtual elimination of mechanical treatment.

Several evening talks were given to Parent Teacher Associations and Mental Health Organisations concerning the provision of swimming pools.

Schools for the Mentally Handicapped

Swimming pools of the "learner type", complete with solar covers, are fully operational at the schools at Bridgwater, Taunton, Radstock and Glastonbury. Discussions have also taken place concerning the provision of a fully covered and heated pool at the Yeovil school.

The development of swimming pools over the past few years is set out in the following Table:-

	PERMANENT POOLS			PORTABLE POOLS	
	With Purification Plant		Without Purification Plant	With Purification Plant	Without Purification Plant
	Schools	Mental Health Training Centres			
Prior to 1960	2	—	13	—	—
1960	4	—	16	—	—
1961	7	—	19	—	2
1962	9	—	21	1	2
1963	13	—	20	1	3
1964	25	—	15	2	9
1965	29	—	15	9	10
1966	40	—	12	17	10
1967	48	—	11	26	4
1968	51	2	10	31	5
1969	56	3	10	34	5
1970	56*	4	10	44	4

\* Includes 1 pool (Portishead Gordano Comprehensive) not in use.

Pools under construction—3  
Pools under consideration—8

## SCHOOL MEALS SERVICE

Central kitchens and self-contained canteens were visited frequently during the year in order to inspect meat supplied under contract. Generally the quality of the meat supplied was good in every respect, although there arose one or two cases where the meat was of poor quality and appropriate action was taken to secure replacement.

Visits to kitchens and canteens help to maintain reasonable hygienic standards and these establishments generally compare very favourably with those outside.

The Chief Education Officer reports:-

'During the year 1970 the normal increase in the number of children taking meals has not been maintained, because of the increased charge for school meals which became effective on 1st April. In October the total daily production reached 72,710. The percentage of children taking meals during this month was 73.48 per cent. The number of central kitchens in operation is 13, and there are now 295 self-contained canteens.'





DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS  
DURING THE YEAR

Defect or Disease		PERIODIC INSPECTIONS				SPECIAL INSP- EC- TIONS
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
Skin ... ..	T	84	8	71	163	51
	O	134	11	72	217	37
Eyes— a. Vision ... ..	T	230	62	398	690	267
	O	317	31	301	649	124
b. Squint ... ..	T	134	3	52	189	46
	O	71	1	22	94	16
c. Other ... ..	T	20	2	22	44	15
	O	21	3	15	39	7
Ears— a. Hearing ... ..	T	164	7	58	229	121
	O	222	8	114	344	49
b. Otitis Media ... ..	T	42	1	19	62	47
	O	167	1	70	238	17
c. Other ... ..	T	12	3	11	26	7
	O	27	0	7	34	3
Nose and Throat ... ..	T	101	6	64	171	104
	O	599	12	272	883	119
Speech ... ..	T	107	1	39	147	61
	O	294	2	47	343	35
Lymphatic Glands ... ..	T	11	1	4	16	13
	O	176	3	59	238	41
Heart ... ..	T	16	4	14	34	6
	O	113	2	65	180	43
Lungs ... ..	T	50	1	40	91	21
	O	255	19	123	397	67
Developmental— a. Hernia ... ..	T	28	1	11	40	18
	O	51	0	13	64	2
b. Other ... ..	T	32	12	59	103	34
	O	174	12	149	335	47
Orthopaedic— a. Posture ... ..	T	17	5	38	60	9
	O	106	15	87	208	28
b. Feet ... ..	T	155	10	105	270	73
	O	230	7	132	369	30
c. Other ... ..	T	60	7	42	109	41
	O	136	15	97	248	30
Nervous System— a. Epilepsy	T	12	0	8	20	19
	O	22	3	22	47	14
b. Other	T	10	3	7	20	12
	O	40	3	34	77	18
Psychological— a. Development	T	22	2	18	42	81
	O	106	3	69	178	52
b. Stability ... ..	T	41	6	42	89	85
	O	285	23	175	483	103
Abdomen ... ..	T	15	0	9	24	20
	O	52	3	38	93	23
Other ... ..	T	44	3	42	89	51
	O	222	9	167	398	72

(T—Pupils found to require treatment. O—Pupils found to require observation)



TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

EYE DISEASES DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	80
Errors of refraction (including squint) ... ..	3,980
<b>TOTAL</b> ... ..	<b>4,060</b>
Number of pupils for whom spectacles were prescribed ... ..	1,584

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	173
(b) for adenoids and chronic tonsillitis ... ..	660
(c) for other nose and throat conditions ... ..	136
Received other forms of treatment ... ..	526
<b>TOTAL</b> ... ..	<b>1,495</b>
Total number of pupils in schools known to have been provided with hearing aids—	
(a) in 1970 ... ..	23
(b) in previous years ... ..	77

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ... ..	1,578
(b) Pupils treated at school for postural defects ... ..	23
<b>TOTAL</b> ... ..	<b>1,601</b>

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

	Number of cases known to have been treated
Ringworm—Scalp ... ..	6
—Body ... ..	11
Scabies ... ..	139
Impetigo ... ..	123
Other skin diseases ... ..	642
<b>TOTAL</b> ... ..	<b>921</b>

## CHILD GUIDANCE—SUMMARY OF WORK CARRIED OUT DURING YEAR

[illegible]

### CASES RECEIVING TREATMENT

[illegible]



DENTAL INSPECTION REPORTS CARRIED OUT  
DURING THE YEAR ENDED 31ST DECEMBER, 1970  
SPEECH THERAPY

Clinic Centre	No. of Sessions	No. of children under treatment 1.1.70	No. of children under treatment 31.12.70	Admittances	Discharges	Total Attendances	Home Visits	School Visits	No. on waiting list at 31.12.70
Bath ... ..	40	14	13	4	5	219	0	5	10
Bridgwater ... ..	155	39	46	32	25	761	0	3	14
Burnham-on-Sea ... ..	92	29	33	16	12	269	3	16	4
Castle Cary ... ..	39	19	17	7	9	167	0	1	9
Chard... ..	79	26	31	13	8	345	2	4	7
Clevedon ... ..	84	12	13	19	18	259	0	3	17
Crewkerne ... ..	42	9	15	7	1	197	0	0	3
Frome ... ..	88	38	49	30	19	344	0	2	12
Glastonbury ... ..	35	23	26	13	10	141	1	2	11
Keynsham ... ..	108	38	39	16	15	449	1	3	37
Long Ashton ... ..	85	14	25	22	11	281	4	7	12
Minehead ... ..	85	12	22	14	4	420	2	1	19
Portishead ... ..	63	16	15	16	17	246	3	15	16
Radstock ... ..	111	45	56	23	12	391	0	0	12
Shepton Mallet ... ..	46	28	25	12	15	200	1	0	17
Taunton ... ..	269	56	65	58	49	1,075	12	9	25
Wells ... ..	35	16	21	15	10	142	6	0	4
Weston-super-Mare ... ..	286	88	115	97	70	1,047	9	9	18
Wiveliscombe ... ..	33	6	7	10	9	184	6	0	2
Yeovil ... ..	201	76	83	28	21	999	6	8	34
TOTALS ... ..	1,976	604	716	452	340	8,136	56	88	283



SPEECH THERAPY continued

Clinic Centre	Children receiving treatment 31.12.70						Children discharged during 1970					
	Stammer	Articulatory Disorders	Voice Disorders	Cleft Palate	Retarded Speech	Other Defects	Stammer	Articulatory Disorders	Voice Disorders	Cleft Palate	Retarded Speech	Other Defects
Bath ... ..	4	8	0	1	0	0	1	1	0	0	3	0
Bridgwater ... ..	8	34	0	1	1	2	8	15	1	1	0	0
Burnham-on-Sea ... ..	6	24	0	0	3	0	1	9	0	1	1	0
Castle Cary ... ..	5	9	0	2	1	0	2	5	0	0	2	0
Chard ... ..	4	22	0	1	2	2	2	4	0	1	0	1
Clevedon ... ..	2	7	0	0	4	0	0	9	0	1	8	0
Crewkerne ... ..	1	9	0	0	4	1	1	0	0	0	0	0
Frome ... ..	9	33	0	1	6	0	3	16	0	0	0	0
Glastonbury ... ..	8	14	0	0	3	1	2	7	0	0	0	1
Keynsham ... ..	11	22	0	1	5	0	1	11	0	1	2	0
Long Ashton ... ..	1	20	0	2	1	1	2	6	0	1	1	1
Minehead ... ..	3	15	0	0	3	1	1	1	0	0	1	1
Portishead ... ..	3	8	2	1	0	1	1	9	0	0	7	0
Radstock ... ..	9	44	1	2	0	0	1	11	0	0	0	0
Shepton Mallet ... ..	4	15	0	1	5	0	2	13	0	0	0	0
Taunton ... ..	5	50	0	3	5	2	10	35	0	0	4	0
Wells ... ..	2	17	0	0	0	2	2	8	0	0	0	0
Weston-super-Mare ... ..	8	83	0	4	19	1	9	51	1	2	6	1
Wiveliscombe ... ..	1	6	0	0	0	0	1	8	0	0	0	0
Yeovil ... ..	12	46	4	2	16	3	5	11	0	1	4	0
TOTALS ... ..	106	486	7	22	78	17	55	230	2	9	39	5

## SCHOOL CLINICS

School Clinics are held as follows -

Location	Treatment	Sessions held
Bath Health Department ... ..	Speech ... ..	Fridays (a.m.)
Bath Royal United Hospital (North) ... ..	Ophthalmic ... ..	As required
Bridgwater, Albert Street ... ..	Dental ... ..	As required
Bridgwater, Bath Road, Sydenham Junior School ... ..	Minor Ailments ... ..	Thursdays(p.m.)
Bridgwater Health Centre ... ..	Breathing Exercises ... ..	Wednesdays
	Child Guidance ... ..	Tuesdays(a.m.)
	Minor Ailments ... ..	Mondays, Wednesdays and Fridays (Medical Officer attends on Mondays)
	Orthopaedic (Sister) ... ..	Mondays
	Orthopaedic (Surgeon) ... ..	3rd Wednesdays(a.m.)
	Speech ... ..	Mondays, Wednesdays(p.m.), Thursdays(a.m.) and Fridays
	Ultra Violet Light ... ..	Mondays and Thursdays(p.m.)
	Ophthalmic ... ..	Alternate Tuesdays(p.m.)
	Speech ... ..	Fridays
	Speech ... ..	Mondays(p.m.)
Bridgwater Hospital ... ..	Dental ... ..	As required
Burnham-on-Sea, King Alfred School ... ..	Speech ... ..	Fridays
Castle Cary, Dr. Lennie's Surgery ... ..	Speech ... ..	Mondays(p.m.)
Chard Health Centre ... ..	Dental ... ..	As required
	Speech ... ..	Fridays
	Orthopaedic (Sister) ... ..	2nd Tuesdays(a.m.)
	Speech ... ..	Thursdays
	Ophthalmic ... ..	As required
	Dental ... ..	As required
	Orthopaedic (Sister) ... ..	2nd Wednesday
	Speech ... ..	Thursdays(a.m.)
	Child Guidance ... ..	Tuesdays(a.m.)
	Dental ... ..	Daily
Frome, Health Centre ... ..	Ophthalmic ... ..	As required
	Orthopaedic (Sister) ... ..	Thursdays
	Orthopaedic (Surgeon) ... ..	2nd Thursday(a.m.)
	Speech ... ..	Mondays
	Child Guidance ... ..	1st and 3rd Thursday
	Dental ... ..	Daily
	Ophthalmic ... ..	As required
	Orthopaedic (Sister) ... ..	1st Wednesday(p.m.) and Thursdays(a.m.)
	Orthopaedic (Surgeon) ... ..	1st Wednesday(a.m.)
	Speech ... ..	Tuesdays(p.m.)
Keynsham, Ellsbridge House ... ..	Child Guidance ... ..	Wednesdays(a.m.) and Thursdays(p.m.)
	Dental ... ..	As required
Keynsham Health Centre ... ..	Orthopaedic (Sister) ... ..	3rd Tuesday
	Speech ... ..	Wednesdays(a.m.) and Thursdays(a.m.)
	Speech ... ..	Mondays
Long Ashton, Red Cross Hall ... ..	Dental ... ..	As required
Minehead, 54 Summerland Avenue ... ..	Speech ... ..	Tuesdays
Minehead Hospital ... ..	Child Guidance ... ..	Alternate Fridays(a.m.)
	Ophthalmic ... ..	Alternate Tuesdays(p.m.)
Portishead Congregational Hall ... ..	Ophthalmic ... ..	As required
Portishead Folk Hall ... ..	Speech ... ..	Wednesdays
Portishead, St. Mary's Road ... ..	Dental ... ..	As required
Radstock Health Centre (Leigh House) ... ..	Child Guidance ... ..	Mondays(p.m.)
	Dental ... ..	As required

## SCHOOL CLINICS continued

Location	Treatment	Sessions held
Radstock Health Centre (Leigh House) cont. . . . .	Ophthalmic . . . . . Orthopaedic (Sister) . . . . . Orthopaedic (Surgeon) . . . . . Speech . . . . .	As required Mondays(a.m.) (as required) 4th Friday(p.m.) (alternate months) Thursdays(a.m.) and Fridays(a.m.)
Shepton Mallet Red Cross Headquarters . . . . .	Speech . . . . .	Tuesdays(a.m.)
Shepton Mallet Hospital . . . . .	Ophthalmic . . . . . Orthopaedic (Sister) . . . . . Orthopaedic (Surgeon) . . . . .	As required 3rd Monday(p.m.) 1st Wednesday(early p.m.)
Taunton (East Reach) Hospital . . . . .	Ophthalmic . . . . .	As required
Taunton Health Centre (Tower Lane) . . . . .	Breathing Exercises . . . . . Dental . . . . . Orthopaedic (Sister) . . . . .	Mondays(a.m.) Daily 1st,2nd and 3rd Tuesdays(a.m.); 2nd and 4th Wednesdays(p.m.); 4th Friday(a.m.)
	Orthopaedic(Surgeon) . . . . . Speech . . . . .	2nd Friday Mondays to Fridays (incl.)
Taunton, The Mount . . . . .	Child Guidance . . . . .	Mondays(p.m.), Wednesdays(a.m.), Fridays(a.m.)
Wellington, North Street Clinic . . . . .	Dental . . . . .	As required
Wells and District Hospital . . . . .	Ophthalmic . . . . .	As required
Wells, Teachers' Centre, Portway Avenue . . . . .	Speech . . . . .	Tuesdays(a.m.)
Weston-super-Mare, The Royal Hospital . . . . .	Orthopaedic (Surgeon) . . . . .	1st,2nd and 3rd Tuesdays(a.m.)
Weston-super-Mare, 3 Neva Road . . . . .	Child Guidance . . . . .	1st and 5th Tuesdays, 2nd Tuesday(p.m.), Thursdays(a.m.) and Fridays(p.m.)
	Dental . . . . .	Daily
Weston-super-Mare, Somerset House . . . . .	Minor Ailments . . . . . Ophthalmic . . . . .	Tuesdays Mondays
	Speech . . . . .	Wednesdays and Fridays
Wincanton, 2 Market Place . . . . .	Dental . . . . . Ophthalmic . . . . .	As required As required
	Orthopaedic (Sister) . . . . .	5th Tuesday
Wiveliscombe Primary School . . . . .	Speech . . . . .	Mondays (a.m.)
Yeovil Hospital . . . . .	Breathing Exercises . . . . . Ophthalmic . . . . .	Mondays(p.m.) Fridays (a.m.)
	Orthopaedic (Sister) . . . . . Orthopaedic (Surgeon) . . . . .	1st,3rd and 5th Fridays 1st Friday(a.m.) (alternate months)
Yeovil, Preston Road Health Centre . . . . .	Child Guidance . . . . . Dental . . . . . Minor Ailments . . . . .	Wednesdays(p.m.) and Thursdays (p.m.) Daily Medical Officer—Fridays(a.m.) School Nurse—Daily
	Ophthalmic . . . . . Speech . . . . . Sub-normal Assessment . . . . .	Tuesdays(a.m.)—fortnightly Mondays and Tuesdays(a.m.) 3rd Monday(a.m.)













